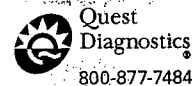


# FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



33333333 0707151 SPECIMEN ID NO.

## STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.  
DEPT OF PERSONNEL ADM/—  
C/O CDT  
PO BOX 3247  
LONG BEACH CA 90803  
PH: 562-986-4200 FAX: --

B. MRO Name, Address, Phone and Fax No.  
DR DAVE LEWIS  
FAX: 562-986-4201  
P.O. BOX 3247  
LONG BEACH CA 90803  
PH: 562-986-4200 FAX: 562-986-4201

FORM ID: SAPH500037

\*\*\*\*\*  
\*THIS CLIENT REQUIRES \*  
\*THAT SPLIT SPECIMENS \*  
\*BE SUBMITTED TO LAB \*  
\*\*\*\*\*

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: First:

E. Donor ID Verified: ☐ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)  
☐ Return to Duty (6) ☐ Follow-up (23) ☐ Other (specify) (99)

G. Drug Tests to be Performed: 2952N SAP 8-50 48S

H. Collection Site Name:

Collection Site Code

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

## STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☐ Single ☐ None Provided (Enter Remark)

☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

## STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 is the specimen collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

Time of Collection

(Print) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

### SPECIMEN BOTTLE(S) RELEASED TO:

☐ Quest Diagnostics Courier ☐ FedEx

☐ DHL / Airborne ☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

### Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark Below

### SPECIMEN BOTTLE(S) RELEASED TO:

## STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ( )

Evening Phone No. ( )

Date of Birth

Mo. Day Yr.

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

<p>Date (Mo. Day Yr.)</p> <p>Donor's Initial's</p>	<p>CENTER OVER CAP</p> <p><b>A</b></p>	<p>33333333 - 0707151</p> <p>SPECIMEN ID NUMBER</p>	<p>33333333 - 0707151</p> <p>TRACING LABEL</p>
<p>Date (Mo. Day Yr.)</p> <p>Donor's Initial's</p>	<p>CENTER OVER CAP</p> <p><b>B</b></p>	<p>33333333 - 0707151</p> <p>SPECIMEN ID NUMBER</p>	